



PEPtalk

News you can use
from PEPFAR Côte d'Ivoire
— EXTRA Edition

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Coordinator's Corner

Contingency planning is the difficult process of imagining a variety of futures and determining how best to prepare for them. Uncertainty can breed inaction, but in this uncertain time for Côte d'Ivoire, it is crucial for national health authorities, health workers in the field, community activists and leaders, and donors and their implementing partners to think through the steps that can be taken to ensure that essential HIV/AIDS services are not disrupted. We must have plans ready to reduce the impact of possible interruptions in health and social systems on those who are most vulnerable, specifically people with HIV and orphans and vulnerable children (OVC).



It's impossible, of course, to predict exact details. But we know, for example, that if insecurity causes populations to move, these displaced groups will include people with HIV, who will need regular access to medications. We know that it is NOW that partners should be working with care providers to ensure that all patients have their detailed prescriptions in writing, in case they have to move. All sites should have posted maps and information about where medications and prescribers can be located.

Our partners and Ivorian counterparts are already making extraordinary efforts to keep activities moving forward. Together, we must make the same effort to prepare for a multitude of possible scenarios and challenges, ranging from protecting the ARV supply chain to protecting displaced OVC. With the full backing of OGAC in Washington, PEPFAR and its partners are working to support national health administrators and health sites with preparations in all areas to ensure that unpredictable disruptions do not translate into preventable deaths.

Jennifer Walsh
PEPFAR Country Coordinator

Crisis plan to ensure no gap in HIV services

Faced with political turmoil and the ordered departure of American staff, PEPFAR Côte d'Ivoire is implementing a short-term emergency plan to ensure that Ivorians continue to receive needed HIV/AIDS treatment, care, and prevention services.

After briefings in Washington on the Ivorian crisis, principals at USAID, CDC, and OGAC – including Global AIDS Coordinator Eric Goosby – expressed strong support for continuing operations and challenged the PEPFAR CI management team to show how it can ensure that HIV/AIDS services remain available to Ivorians even under difficult circumstances.

With this endorsement and virtual support from PEPFAR CI senior managers based temporarily in Accra, Atlanta, Lome, and Washington, D.C., the program is advancing under the in-country leadership of Interim Director Dr. Alexandre Ekra, branch chiefs Dr. Christiane Adje-Toure and Aime Nicoue, and full technical, management, and support staff. Despite difficult conditions causing some delays, the program's implementing partners continue to work (see story on Page 3).



Dr. Ekra,
interim
director

An emergency plan for January through mid-March 2011 outlines communications, logistical, and programmatic measures taken to:

1. Ensure continued access to key treatment, care, and prevention services, particularly for existing patients on medication. This is the top priority of the program.

2. Secure drugs and other commodities and ensure their availability at every stage of the supply chain.

3. Provide technical and moral support to the Ivorian program staff currently overseeing the program in Côte d'Ivoire.

4. Provide timely technical guidance and moral

EXTRA Edition

Crisis in Côte d'Ivoire:

How PEPFAR is taking on the challenge

Marching orders from OGAC, agency principals, and the U.S. Embassy are clear: Make the program work to support HIV/AIDS services during the crisis and beyond. This edition highlights how PEPFAR CI is addressing the challenge.



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support to implementing partners, including revising FY 2010 and 2011 work plans as needed to respond to the evolving political environment.

5. Complete development of a medium-term plan that analyzes possible scenarios (including the worst-case scenario of massive violence and disruption) and outlines corresponding actions.

The initial plan includes regular communication via phone and video and face-to-face meetings among in-country and displaced PEPFAR staff, technical counterparts in Ivorian ministries and civil society, and other development partners.

It also prepares a temporary inter-agency management platform in Accra – comprising the USAID and CDC heads, PEPFAR country coordinator, project management chiefs, and the supply-chain adviser – to support the in-country team and partners in planning, conducting, and monitoring activities.

"The key to our success during this period of
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Naminata of Marandallah: High quality up-country

Naminata was 2 when her mother brought her to the clinic in Marandallah, in up-country Côte d'Ivoire. The mother, gravely ill with just-diagnosed tuberculosis and HIV, would not survive more than a few months, but by following doctor's orders to bring little Naminata in as well, she saved her daughter's life.

With support from PEPFAR/CDC partner ICAP-Columbia University, the Notre Dame Health Center in Marandallah, in



Community counselor Clémence Kouassi Amenan gives Naminata her nevirapine and the caring follow-up she needs.

the region of Worodougou, more than 300 miles from big-city Abidjan, provides high-quality HIV/AIDS care, including routine testing for children and

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U.S. adds \$3.35m for ARVs

The U.S. President's Emergency Fund for AIDS Relief (PEPFAR) has approved an extra \$3.35 million for antiretroviral drugs (ARVs) for Côte d'Ivoire to help fill a funding gap caused by faster-than-expected growth in the national HIV/AIDS treatment program.

The one-time funding boost, which brings FY 2010 PEPFAR support for Côte d'Ivoire to \$120,731,022, was granted in response to the PEPFAR Côte d'Ivoire team's request and commitment to work with national counterparts to improve planning and monitoring. Access to the funds will require a commitment from national counterparts to:

- * Increase the share of ARV funding provided by the Ivorian government and the Global Fund for AIDS, Malaria and Tuberculosis.

- * Ensure that all treatment sites receiving ARVs provide accurate monthly consumption data in order to improve forecasting and monitoring.

- * Revise the national ARV formula, consistent with WHO guidelines, to reduce the number of regimens from 40+ to a maximum of 12.

- * Obtain waivers from the Ivorian government allowing the importation of more generic drugs, which are far less expensive than branded medications.

The national HIV/AIDS treatment program has been growing substantially, with an increase in monthly enrollment rates from 1,800 in May 2009 to 2,900 in May 2010 resulting in a shortfall in committed funding for medications. As of September 2010, 73,893 patients nationwide were receiving ARV treatment.

After 22 years, data manager leaves wealth of memories (and other data)

If memory is the faculty that preserves and retrieves knowledge acquired, ideas encountered, experiences lived – in short, data collected – then PEPFAR Côte d'Ivoire and CDC/Project Retro-CI are losing their memory.

Fortunately, data manager Madame Odette Tossou, who retired in January after 22 years dedicated to the fight against the pandemic of the century, leaves behind a wealth of well-managed data, along with scores of colleagues richer and more competent for having known and worked with her.

Hired in December 1989 as Retro-CI's first data entry clerk by then-Director Dr. Kevin DeCock, Madame Tossou had a hand in almost every Project Retro-CI and PEPFAR study and project. In her two decades, she saw colleagues and directors and entire programs come and go – from LIFE (Leadership and Investment in Fighting an Epidemic) through the Presidential Initiative (PMTCT only), the Drugs Initiative (UNAIDS), CDC Global AIDS Program, and finally PEPFAR. She lived through Project Retro-CI's highs and lows – the glory days of research, the excitement of beginning to be able to not only identify but also treat HIV, a painful reduction in force in 2002-03, the advent of major HIV/AIDS funding with PEPFAR in 2004, the impressive achievements of PEPFAR partners in HIV/AIDS prevention, care, and treatment.

Colleagues who have never known either a PEPFAR or a CDC without the comforting presence of Madame Tossou shared some of their thoughts in response to a little survey, citing her professionalism, her promptness in satisfying requests for data, her humility, her courtesy, her availability, her sociability, and her love for those around her (including, of course, her husband, Alexandre Tossou, and two children). We also interviewed Madame Tossou to glean a few last few data points of wisdom.

Q: What motivated you most in your daily work?

A: Teamwork. I was at the end of the work chain, because my job allowed us to give the patients their serology results within the time limits necessary for their therapeutic care. And to know that your activity helps save human lives, that's motivating, since it's now possible to provide medical care for patients who test positive for HIV, and the patients recover their health.

Q: What was your greatest professional success?

A: In the time of Kevin (DeCock), preparing slides for conferences was exhilarating. Since the advent of PEPFAR, submitting the COP with Brian

(Howard), Jyoti (Schlesinger), and Dr. (Roger) Lobognon was always a challenge, and we always managed to submit on time. Which, given the workload, wasn't always a foregone conclusion.

Q: What did you find most striking about your work?

A: When you see that the work you do is applied in the field to put people on treatment, with results that grow out of good data management, you feel more than satisfied. Data management is not unreal or theoretical work. It's practical, and that's a source of great motivation.

Q: What's your biggest regret?

A: The roughest period for me was the time when we had the CDC reduction in force in the wake of the political crisis of September 2002. I was made part of the decision-making process related to the staff reduction. That was not at all easy for me. Another hard thing was the deaths of

that in the field there's not an information culture and that people think HIV programs bring lots of money means that people don't work unless you give them money. So without that, many people don't do what they ought to do.

Q: What are your plans?

A: Rest for a month or two. And then, since I don't like to sit around with my arms folded, I'll devote myself to my personal activities, and I'll make myself available from time to time if my experience in program data management can be useful.

Q: According to you, what are the most important qualities of a database manager?

A: A data manager must love the work, and above all never be fed up with data. You need patience. The person has to be meticulous, because the management of data is a primary step in the conduct of projects or programs. If you skip



'We need to keep in mind that the work we do is directly connected to the people who are ill and to their health. That's why I want us to do this work with love. Only in this way can we contribute something meaningful to the fight against HIV.'

— Odette Tossou

our colleagues, especially the deaths of my close co-workers, Traore René et Fadiga Hadja, who left us when we least expected it.

Q: Are you satisfied with your professional advancement during your career?

A: Yes, until 2000-2001. During that time my career was on a steady rise. But after that there were certain irregularities, because I think that if you evaluate an employee and it becomes apparent that her actual work doesn't correspond to her grade, you have to change her job description. This was not done from that time on until my retirement.

Q: If you were to begin your career all over, what would you do differently?

A: I like a job well done, and I think I did what I needed to do, so I would do it exactly the same way. With love, self-denial, and always in search of excellence and a job well done.

Q: What solution would you recommend to ensure improvement in the quality of data?

A: In my view, this is a critical problem. The fact

the step of verifying data before you enter it, the steps of data cleaning and a strong analysis, you run the risk of feeding your programs erroneous information that will have a negative impact on decisions based on faulty data.

Q: What's your greatest passion?

A: My home and cooking. And *sauce feuille* (a spinach-like dish made from a variety of green leaves) is my favorite. With a side of *cabato* (a dish made from cooked cornmeal).

Q: What message would you send to your colleagues and partners?

A: We need to keep in mind that the work we do is directly connected to the people who are ill and to their health. That's why I want us to do this work with love. Only in this way can we contribute something meaningful to the fight against HIV. Our bosses need to work hand in hand so that people living with HIV can truly benefit from the positive consequences of this collaboration. I thank everyone I had the opportunity to work with and wish everyone lots of strength and courage for this noble cause.

More on the Web

www.mlsida.gouv.ci

<http://abidjan.usembassy.gov/PEPFAR.html>

www.PEPFAR.gov

Contribute to PEPtalk!

Do you have a news item, a story idea, a good photo? An insightful commentary? Share it. Send it to us at peptalk@ci.cdc.gov.

Contributors to PEPtalk Extra No. 1: PEPFAR CI partners, Zadi Paul Kikie, Ernest Koffi, Joan-Luis Njampo, Djénéba Coulibaly-Traore, Stephan Zoukou, Aimé Nicoue, Christiane Adje-Toure, Brian Howard

PEPFAR mourns the **loss of Ugandan lesbian/gay/bisexual/transgender rights activist David Kato** and reaffirms its commitment to fighting stigma and discrimination. More at www.PEPFAR.gov.

For the second year in a row, there will be **no PEPFAR Implementers Meeting in 2011**. PEPFAR canceled the planned meeting because of scheduling difficulties.

UNICEF has released a series of **fact sheets on the status of national PMTCT responses** in countries most affected by HIV. The fact sheets, designed to inform policy-makers, programmers, and advocates in their efforts to eliminate mother-to-child transmission of HIV by 2015, include key

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messages that highlight successes and bottlenecks to reaching targets in the context of HIV/AIDS and maternal and child health programming. See www.unicef.org/aids/index_preventionyoung.html.

WHO has released new guidance on **quality improvement for HIV testing and counseling**. The handbook containing key building blocks, examples, and tools for building a QI framework for testing and counseling is available at www.who.int/hiv/pub/vct/9789241500463/en/index.html. Also see recently released WHO Re-Testing Guidance at www.who.int/hiv/pub/vct/hiv_re_testing/en/index.html.

When things get tough, PEPFAR CI partners get creative

In recent weeks, PEPFAR implementing partners throughout Côte d'Ivoire have run into delays, obstacles, unexpected needs, dangers, malfunctions – all related to the country's continuing post-election crisis. In their various ways, all partners have made adjustments large and small to find solutions. Here are just a few.

Some of the worst violence has occurred in the West, where thousands of Ivoirians are internally displaced or have fled to neighboring Liberia. At the hospital in Duékoué, most of the staff (including both physicians trained in ART) had left in early January, bringing PMTCT, lab, pharmacy, and HIV/AIDS treatment services to a near-halt. So Christine Topka, a community counselor with local NGO **AFROSAM**, a sub-partner of CDC/PEPFAR partner **ACONDA-VS**, took charge. Discussing each case by phone with the HIV focal point or ACONDA zone chief, she was able to renew ARV prescriptions for patients. Faced with stockouts of ritonavir, lopinavir, and cotrimoxazole, she turned to Medecins Sans Frontieres and a company physician in nearby Guiglo. After nine days, the gynecologist and the lab staff returned, and ACONDA is working with the national pharmacy to ensure delivery of needed medications. As ACONDA-VS says, **"When faced with difficulties, you reorganize."**

Most of the displaced families in the Duékoué area have been staying at local churches. Among them are close to 100 children who regularly participate in USAID/PEPFAR partner **Save the Children's** activities with orphans and vulnerable children (OVC). With local sub-partners **IDE Afrique** and **Prévention Sans Tabou**, Save has been conducting awareness-raising sessions for the families on HIV/AIDS, general health and hygiene, and vaccination, as well as providing care for the OVC among them. Community caregivers trained by Save provide on-site follow-up to assess medical needs and refer cases to Medecins



Save the Children's local partners lead awareness-raising sessions for displaced OVC and families. Photo: Save the Children.

Most partners report functioning at 75% capacity

Despite unstable conditions causing some delays, PEPFAR Côte d'Ivoire implementing partners said in late January that they were continuing to conduct most HIV/AIDS activities as planned.

In a survey designed to provide a rough and self-reported measure of partner functioning, two-thirds of partners with in-country activities (26 of 39) reported that they were able to complete 75% or more of planned activities despite tense conditions, including two partners who reported functioning at or near 100%.

Six partners (15%) reported functioning at about 50% of capacity; all of them have sites in the North and West, where health and other

services have been more severely affected by insecurity and election-related work stoppages.

Seven partners reported functioning at 25% or below. This group includes partners with one-off activities that are temporarily blocked by crisis conditions (e.g. the DHS+ and a prevention costing study), as well as new grantees whose first work plans have not yet been approved.

Partners supporting antiretroviral therapy (ART) and care were functioning about as well as other groups; of four ART partners, one was "near 100%," with two at 75% and one at 50%.

Anecdotally, partners report that conditions have stabilized somewhat since early January.

Sans Frontieres. Save has also provided recreational kits and sports materials to the social center for distribution among the displaced children.

Back in Abidjan, meanwhile, Olivier (name changed), a 5-year-old born with HIV, had fallen ill in December. The local pharmacy was closed because of street violence. Olivier's mother tried twice, but the streets were too dangerous to walk. Luckily, Save sub-partner **Caveoquiva** was on the job. The director and two community caregivers set out for Olivier's home in Adjame with the boy's medication. At each checkpoint or armed barrage, they showed their Caveoquiva IDs and Olivier's medication as proof of the urgency of their mission. Thanks to their determination, Olivier got his medication and is doing fine.

USAID/PEPFAR partner **AVSI** supports OVC families, community-based organizations, and government social-welfare centers in some of the "hottest" neighborhoods of Abidjan (Abobo, Yopougon, Treichville, Koumassi), flashpoints for street violence. Even so, AVSI has kept its offices open throughout, continuing to provide home visits to OVC, counseling, recreational activities – a daily presence that astonished the community. As if to reward this dedication, some well-known community members organized themselves to accompany AVSI's social workers, providing protection and clearing blockages on their daily rounds and their return home in the evening. AVSI relied on its bonds with OVC families to create an informal warning system. Each morning, staff would call OVC relatives to get the latest on strikes and troubles, levels of risk, routes to take, and zones to avoid, which helped AVSI greatly in keeping activities going every day. In one concession to the realities of the situation, AVSI moved its

socio-educational activities – normally conducted on school grounds throughout the community, and open to all – to the neighborhood social-welfare centers. The kids kept coming – more than ever, since the schools were closed.

Many partners have used crisis-related "downtime" to focus on office work – policy and guidelines, reports, research, and the like. CDC/PEPFAR partner **FHI**, for example, has been knocking out protocols for research on HIV prevention and care in prisons, in health districts, and in the informal and agricultural sectors, as well as advancing national documents. Among FHI's lessons learned: **When things get political, stay technical.** Similarly, USAID/PEPFAR strategic-information partner **Measure/Evaluation** has prioritized documents: revising HIV data collection tools, planning a data quality audit, and revising a training curriculum.

Partners with sites in the North and West have faced particular security challenges. USAID/PEPFAR nutrition partner **PATH/IYCN**, blocked from providing equipment and training at seven nutrition centers and seven social-welfare centers in the North and West, is supporting additional centers in the South until the situation stabilizes. Meanwhile, PATH is continuing its work on a national scale-up plan for nutrition activities at PMTCT sites and to integrate WHO recommendations on feeding of HIV-exposed infants.

Fact-finding missions to the North and West – with clear "Humanitarian Aid" signs and plenty of condoms to help negotiate roadblocks – have been on the agenda for several partners, including **PSI**, which is also planning a special steering committee meeting with military officials to strengthen HIV activities targeting the uniformed services, truckers, and commercial sex workers.

Regional distribution center keeps ARVs flowing to CI

The SCMS regional distribution center responsible for supplying most antiretroviral drugs (ARVs) and other commodities for Côte d'Ivoire's HIV/AIDS program is continuing shipments by land and air based on orders and up-to-date security analyses, the center's manager told a PEPFAR CI delegation in late January.

PEPFAR staff temporarily based in Ghana visited the center outside Accra, which handles about 72% of all PEPFAR-funded drugs and commodities for Côte d'Ivoire, to learn about its functioning during the current political crisis.

The center receives ARVs and other commodities from India, the United States, and elsewhere, then stores, packages, and ships them as needed to PEPFAR programs in Côte d'Ivoire, Nigeria, and other countries.

Shipments to Côte d'Ivoire are continuing, based on consultations with SCMS colleagues working with the National Public Health Pharmacy in Abidjan and in-house security analyses, said manager William A. Adjabui. Some shipments originally planned by truck may be switched to more expensive air delivery if security analyses suggest heightened risks, he said.

The center, operated by South Africa-based SCMS consortium partner RTT, is outgrowing its two rented Ministry of Health warehouses and will move into a new 2,000-square-meter facility in March. Flexible collaboration with two other regional distribution centers in Johannesburg and Nairobi, which together ship about 13% of Côte d'Ivoire's HIV/AIDS commodities, help minimize stockouts and overstocks in any given country program.



PEPFAR CI staff discuss warehouse and shipping operations at the SCMS Regional Distribution Center in Tema, Ghana. From left are Felix Awantang (USAID), Sam Abbenyi (SCMS), center manager William Adjabui, and Dr. Anna Likos (CDC).



Crisis or no, MLK spirit is alive and well in Côte d'Ivoire

Even Côte d'Ivoire's crisis conditions could not deter the PEPFAR staff from honoring the memory of the Rev. Martin Luther King Jr. through community action.

After painting a University Hospital of Treichville building last year, the PEPFAR staff – minus their U.S. colleagues on ordered departure – celebrated MLK Day 2011 by helping orphans and vulnerable children through Chigata, a local NGO that provides care and support for more than 2,000 children in the high-density Abidjan community of Yopougon.

With voluntary donations, the PEPFAR staff was able to buy food (rice, cooking oil, milk, etc.), soap, clothes, and second-hand shoes and to refurbish Chigata's signboard. After delivering the goods, staff members spent most of the day

with Chigata's children and staff.

The donation comes at an opportune moment, said Chigata President Rose Dossou, since a halt in non-PEPFAR funding due to the political crisis threatens the organization's ability to provide care for vulnerable children.

"Our stocks are exhausted. The food pantry's been empty for some time," Dossou said. "I don't know how to thank you for this gesture — I've barely been able to sleep, not knowing how to feed the children."

For the PEPFAR staff, said community-based activities coordinator Djeneba Coulibaly-Traore, the action "expresses without doubt our solidarity and above all our compassion for those who are most vulnerable, as the Rev. Martin Luther King showed us so well."

Naminata

(Continued from Page 1)

partners of HIV patients and attentive, caring follow-up of pediatric patients.

Naminata – severely malnourished and weighing just 15 lbs – tested positive for HIV and began antiretroviral therapy (ART). But with her mother gone, her illiterate grandmother struggled with syrup bottles, weight-based dosage calculations, and telling time by a clock in order to maintain the child's medication schedule. The doctor had a solution: Bring Naminata to the clinic twice a day, at Muslim prayer time, so the nurse and community counselor can make sure she receives her

medication and food.

Six months later, Naminata weighed 24 pounds, and her grandmother exclaimed, "I never would have believed that Naminata could come through this. Soon she'll be able to go to school and become somebody."

Her doctor says the clinic's HIV/AIDS strategies are working. "I'm very happy to see that all the children tested HIV-positive are alive and in good health," says Dr. Karl Ebelle. "And that continues to encourage parents to be tested and to have their children tested. All my co-workers are very devoted to their tasks, because they've seen that the children recover so rapidly."

Hands-on help: Lab renovation

As part of its support for strengthening health systems and building human resources for health, PEPFAR Côte d'Ivoire and CDC/Projet Retro-CI renovated four hands-on training laboratories (hematology, biochemistry, immunology, and microbiology) and an amphitheater at Côte d'Ivoire's national training school for health professionals (INFAS) in Abidjan. The \$200,000 renovation, which included new equipment for two labs, doubles the school's practical training capacity. The labs will also serve the National HIV/AIDS Care and Treatment Program for



practical in-service training of lab technicians. The official dedication was postponed until after the political crisis, but Retro-CI Lab Branch Chief Dr. Christiane Adje-Toure, above right, delivered the keys to INFAS Director Dr. Daniel Sess and INFAS staff in a small ceremony in January.

Plan

(Continued from Page 1)

flux is going to be maintaining effective communication among our staff, our Ivorian technical counterparts, and our partners," PEPFAR CI Coordinator Jennifer Walsh said from Washington. "All of them are doing fantastic work under very difficult circumstances."

Priority program activities identified to achieve the plan's five objectives include:

- * Monitor health services and health worker presence at implementation sites to identify any disturbances in the provision and use of services, with a focus on patients on antiretroviral (ARV) medications.

- * Identify and address obstacles that hinder the continued provision of regular care and treatment services of an estimated 142,000 patients (including 64,000 on ART as of December 2010) at 326 PEPFAR-supported sites.

- * Work with partners and Ivorian technical counterparts to ensure that patients have documentation of their current regimes/prescriptions, to use in case of displacement.

- * Support national technical programs (PNPEC, PSP, DIPE, CNTS, LNSP) with the development of full contingency plans.

- * Ensure timely drug procurement and distribution to all recipient facilities. Develop, in collaboration with appropriate authorities and partners (Red Cross, international and national NGOs, ONUCI), alternative distribution systems in areas

where routine distribution may be hindered in a "worst-case scenario."

- * Closely monitor drug stocks and identify shortages and obstacles hindering timely access to commodities.

- * Ensure that blood safety, PMTCT, and key gender-based violence prevention and response services are adequate to meet needs as the situation unfolds.

- * Maintain communications with key government technical staff and other donors (Global

'A Côte d'Ivoire in crisis needs support for HIV/AIDS services more than ever. We are committed to meeting this challenge.'

— Felix Awantang, USAID/PEPFAR

Fund, World Bank, CHAI) and UN agencies (UNAIDS, WHO, UNICEF, UNFPA) to ensure a coordinated approach to the continuation of activities.

- * Promote national ownership. The crisis is an opportunity to promote Ivorian technical leadership of the response, and PEPFAR will encourage national counterparts to address issues and take decisions proactively during this period.

- * Collect relevant and timely data as feasible.

- * With partners, review 2010 and 2011 work plans to identify priority activities under various scenarios and make necessary adjustments.

- * Continue regular meetings and communication with implementing partners by in-country project managers and technical advisers, as well as periodic communication by team members abroad.

- * Based on consultations with Ivorian counterparts and implementing and development partners, complete a plan for mid-March through August 2011 with operational scenarios based on three possible scenarios: continued stalemate, improved situation, and degeneration into widespread violence and disruption. Planning will prioritize steps to ensure continued treatment and care services even under the worst-case scenario. Programmatic, personnel, financial, and other adjustments will be considered, given each scenario. Possible work-around solutions are being explored, such as providing patients a three-month supply of medications and working with UNAIDS, WHO, and UNHCR to assist with gender-based violence prevention and response and to ensure that HIV-positive displaced people and refugees have access to care and treatment.

- * Analyze PEPFAR costs of the current crisis and evacuation period and adjust management and operations plans as needed.

"A Côte d'Ivoire in crisis needs support for HIV/AIDS services more than ever," said USAID Country Representative Felix Awantang. "We are committed to meeting this challenge."